

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-018945

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 002

Primary Registration District No. 5010

Registrar's No. 47

FILED MAY 20 1963

## 1. PLACE OF DEATH

a. COUNTY

Andrew

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Bentown Township

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

5 miles SW Rosendale

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Andrew

c. CITY OR TOWN RFD # 1, Rosendale

Inside Limits

Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
5 miles Southwest

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Minnie Harris Reynolds

## 4. DATE OF DEATH

Month

Day

Year

May 13, 1963

## 5. SEX

female

## 6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

12-27-90

## 9. AGE (last birthday)

72

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (City and state or country)

Omaha, Nebraska

12. CITIZEN OF WHAT COUNTRY

U S A

## 13a. FATHER'S NAME

J. D. Harris

## 13b. MOTHER'S MAIDEN NAME

UNK.

## 14. NAME OF HUSBAND OR WIFE

John H. Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

no

## 16. SOCIAL SECURITY NO.

7-B

## 17. INFORMANT

RFD # 1 John H. Reynolds, Rosendale, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Hepatic carcinoma

## INTERVAL BETWEEN ONSET AND DEATH

32 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Ventricular hypertrophy

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-22-60 to 5-12-63 and last saw her alive on 5-12-63

Death occurred at 3:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

W. B. Spawell, D.O.

## 22b. ADDRESS

307 W. Main, Savannah, Mo.

## 22c. DATE SIGNED

5-13-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

## 23b. DATE

5-15-63

## 23c. NAME OF CEMETERY OR CREMATORY

Savannah Cemetery

## 23d. LOCATION (City, town, or county)

Savannah, Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

BREIT &amp; HAWKINS

SAVANNAH

## 25. DATE RECD. BY LOCAL REG.

5-16-63

## 26. REGISTRAR'S SIGNATURE

Dulene S. Perkins

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1 0020

2 0020

3

4 1

5 1

6

7 1

8 2

9 156.1

10

11

12 90-2

13 2-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James P. Hawkins  
Licensed Embalmer No. 4536

P. O. Address Savannah

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.